



**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

**UNITED STATES OF AMERICA,  
Plaintiff,**

**v.**

**Case No. 2:09-cr-20326-NGE**

**CLARENCE COHEN,  
Defendant.**

\_\_\_\_\_ /

**MOTION TO STRIKE FROM THE RECORD ECF NO. 581**

**NOW COMES**, Clarence Cohen, proceeding Pro Se Defendant, moving this Honorable Court pursuant to the Fed. R. Crim. P. 37 (b), respectfully requesting that this Court **GRANT** Cohen's Motion to Strike from the Record ECF No. 581 and permit Clarence Cohen

to proceed Pro Se as to his Emergency Motion for Compassionate Release attaches herein, thus such ORDER should issue based upon the foregoing:

### **Statement of Facts**

On September 9, 2020, Defendant Cohen's female friend paid Attorney Stefanie L. Lambert Junttila of Law Office of Stefanie L. Lambert PLLC \$5,000.00 off her ATM Debit Card, see Exhibit A. After counsel of record received payment she was suppose to set-up Telephone Conference Call with Mr. Cohen at FPC-Terre Haute, however that never happened, thus after several months had pass with "no action" being taken on the preparation of his Compassionate Release Defendant Cohen asked his daughter Yolanda Cohen to contact Attorney Junttila in hopes of finding out why no Telephone Conference Call had been set-up and when his Compassionate Release will "finally" be filed, however after several phone calls to counsel of record's Law Office and personal cell phone number Attorney Junttila blocked Defendant's daughter from calling her cell phone. So after no communication after a few months had elapsed on **Wednesday, December 9, 2020**, Defendant Cohen instructed his Son's Mother to text Attorney Stefanie L. Lambert Junttila's cell phone and inform her specifically that **"he no longer wants you to represent him."** **"His brother**

**has hired a new lawyer so he no longer needs your services.”**

**“He said that you don’t have to try to call the prison like you...”**

See Exhibit B.

Defendant Cohen, asserts that counsel of record failed to comply with specific instructions and still filed a Motion for Compassionate Release in which obtains “inaccurate information” and fails to entail applicable caselaw, thus Mr. Cohen, respectfully request that it is stricken from the record and in light of the Grievance filed against Attorney Junttila by Defendant Clarence Cohen in which creates a Conflict of Interest that the Court withdraw counsel of record from his Criminal cause of action in the case herein. (emphasis added).

### **Discussion**

Defendant Cohen, states that as articulated above herein within his Statement of Facts that Attorney Junttila disregarded Cohen’s specific instructions to **“no longer represent him,”** see Exhibit B. To keep the \$5,000.00, Attorney Junttila rushed to file Cohen’s Motion for Compassionate Release even though counsel of record “no longer” had the authority to do so, thus this forms the basis as to why Clarence Cohen requests that this Court ORDER that ECF No. 581, Motion to Reduce Sentence by Clarence Henry Cohen is stricken from the record and the attached Pro Se Emergency Motion

for Compassionate Release is filed into the record and the Government file Response Brief as scheduled to do so for January 4, 2021. (emphasis added).

Defendant Cohen, respectfully request that counsel of record Attorney Stefanie L. Lambert Junttila is withdrawn as counsel of record due to the filing of Complaint against her with the Michigan Attorney Grievance Commission, thus creating a Conflict of Interest in which merits **GRANTING** Cohen's Motion to Strike From the Record ECF No. 581; and withdrawn of counsel of record as this will serve the interests of **JUSTICE** in the case at bar.

### **CONCLUSION**

In conclusion, Defendant Cohen, concludes that this Honorable Court **GRANT** Clarence H. Cohen's Motion to Strike from the Record ECF No. 581 and withdraw counsel of record and permit Defendant Cohen to proceed Pro Se, thus filing into the criminal record the attached Pro Se Emergency Motion for Compassionate Release in the matter herein.

Respectfully Submitted,

Date: 12 / 14 / 20

*\* Clarence H. Cohen*

Mr. Clarence H. Cohen

#43732-039

FPC-Terre Haute

P.O. Box 33

Terre Haute, IN. 47808

**Certificate of Service**

I, Clarence H. Cohen, certify that on December, 14<sup>th</sup>, 2020, I mailed by 2-Day Priority Mail the original copy of my Pro Se Motion to Strike from the Record ECF No. 581, to this Honorable Court and one copy to the opposing party listed below herein:

AUSA John N. O'Brien, II  
U.S. Attorney's Office  
211 W. Fort Street  
Ste. 2001  
Detroit, MI. 48226

Date: 12 / 14 / 20

/s/ Clarence H. Cohen

Mr. Clarence H. Cohen  
Pro Se Defendant

# **EXHIBIT A**

(A copy of Charise C. Sheeler's Federal Credit Union Bank Statement of payment of \$5,000.00 on ATM Debit made to Attorney Stefanie L. Lambert Junttila paid on 09/09/2020).



**CSE FEDERAL CREDIT UNION**  
Phone 330-452-9801

Canton Office  
1380 Market Avenue North  
Canton, Ohio 44714  
Fax 330-452-7701

North Canton Office  
6879 Whipple Avenue NW  
North Canton, Ohio 44720  
Fax 330-497-3077

Lake Cable Office  
5414 Fulton Drive  
Canton, Ohio 44718  
Fax 330-580-9621

CHARISE CHANNEL SHEELER  
1115 ROSLYN AVE SW  
CANTON, OH 44710

Share Draft # 347284-09

DATE TRANSACTION

09/09/2020 Beginning Balance

09/09/2020 ATM Debit

FEDERAL CRIMINAL ATTOR 2340 DETROIT MIUS

09/09/2020 ATM Debit

WAL-MART #5410 4004 TUSCARAWAS ST W CANTON OHUS

09/09/2020 ATM Debit

CASH APP CHARISE LY 1455 MARKET ST 4153753176 CAUS

09/09/2020 ATM Debit

FAMILY DOLLAR #3014 2110 COLUMBUS RD NE CANTON OHUS

09/09/2020 ATM Debit

WM SUPERCENTER # Wal-Mart Super Center CANTON OHUS

09/09/2020 Ending Balance

# **EXHIBIT B**

(A copy of Text Message sent by Clarence Cohen Son's Mother Toccara Ledsinger in which was texted to Attorney Stefanie L. Lambert Junttila on Wednesday, December 9, 2020).

11:43 41°

99%

< (248) 270-6689



Add to contacts

Block number

Wednesday, December 9, 2020

Hello Mrs. Lambert. My name is Toccara and I spoke with you a couple of weeks ago regarding my son's father Clarence Cohen. He no longer wants you to represent him. His brother has hired a new lawyer so he no longer needs your services. He said that you don't have to try to call the prison like you

5:29 PM

View all



**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

**UNITED STATES OF AMERICA,  
Plaintiff,**

**v.**

**Case No. 2:09-cr-20326-NGE**

**CLARENCE COHEN,  
Defendant.**

\_\_\_\_\_ /

**EMERGENCY MOTION FOR COMPASSIONATE RELEASE**

Defendant Clarence Cohen, proceeding Pro Se Defendant, moves this Court for an Order reducing his sentence and releasing him from

prison under the compassionate release provisions of 18 U.S.C. 3582 (c)(1) (A) (i) as modified by at the First Step Act. Such an Order is not only warranted and just, but it would protect Cohen's Eighth Amendment and due process rights. Satellite Camp Terre Haute where Cohen is currently housed, thus the prison currently has 158 Inmate COVID-19 cases at Terre Haute. This is an absolute emergency.

In the alternative, Mr. Cohen requests an Order of "time served" with 18 to 24 month period of GPS Home Confinement.

### **Statement of Facts**

On July 6, 2009, Defendant Cohen was charged by Criminal Complaint with Conspiracy to Distribute Controlled Substance, see Doc. # 2. On October 21, 2010, Defendant Cohen plead guilty to Second Superseding Information, see Doc. # 356. On July 27, 2011, Defendant Cohen was sentenced to 264-months of imprisonment, see Doc. # 460. A Notice of Appeal was filed, and the Sixth Circuit Court of Appeals affirmed conviction on February 14, 2013, see Doc. # 493. Defendant Cohen's 2255 Petition was submitted on May 15, 2014, see Doc. # 500 and this Court denied 2255 Petition on November 3, 2014, see Doc. # 519.

Defendant Cohen, states that he now files his Pro Se Emergency Motion for Compassionate Release in which merits URGENT attention due to a major outbreak at Satellite Camp Terre Haute, thus Mr. Cohen

will demonstrate “extraordinary and compelling reasons” to justify GRANTING Defendant’s Emergency Motion for Compassionate Release in the case herein. (emphasis added).

### **Jurisdiction**

The First Step Act of 2018 amended 18 U.S.C. 3582 (c) (1) (A) to allow district courts to modify sentences of imprisonment upon motion by the defendant if “the defendant has fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant’s behalf or 30 days from the receipt of such request by the warden of the defendant’s facility, whichever is earlier....” Section 603 (b), 132 Stat. 5194, 5239 (codified at 18 U.S.C. 3582 (c) (1) (A)). See *United States v. Alam*, No. 20-1298, 2020 WL 2845684 (6<sup>th</sup> Cir. June 2, 2020). In this instant case, Mr. Cohen filed Initial Request to Satellite Camp Terre Haute Warden on October 30, 2020, see Exhibit A (A copy of Initial Request for Compassionate Release to Satellite Camp Warden dated 10/30/2020). Thus, Defendant Cohen, states that Satellite Camp Warden never responded, thus because more than 30 days has elapsed, therefore his Court has jurisdiction over Defendant Cohen’s Compassionate Release in the matter herein. (emphasis added).

### **Discussion**

**1. The COVID-19 Outbreak Presents A Compelling and Extraordinary Circumstances Which Necessitates Compassionate Release**

We are living in extraordinary times as the COVID-19 pandemic sweeps the world. At the times of writing of this motion, there were 15.46 million positive COVID-19 cases in the United States and 290,987 deaths, see Source Wikipedia at: [www.cnn.com](http://www.cnn.com) Wikipedia and the New York Times at: [www.nytimes.com](http://www.nytimes.com). The CDC ensemble forecast now projects nearly 300,000 people will die from coronavirus in the United States by January 1, 2021, see <https://www.cnn.com/world-live-news/coronavirus-pandemic-08-21-20-insl/index.html>. The VOA News has reported that half of United States COVID-19 deaths are people of color, see Exhibit B (A copy of VOA News Article entitled: Half of US COVID Deaths Are People of Color updated on August 22, 2020).

**a. Prisons are “Tinder Boxes for Infectious Disease”**

Defendant Cohen asserts that he is being housed at Satellite Camp Terre Haute, a BOP facility located in Vigo County, Indiana, however, two inmates have died recently at Terre Haute, see Exhibit C (A copy of Article written by Michael Balsamo Associated Press on 09-16-2020). Most recently Satellite Camp Terre Haute has 158 Inmate COVID-19 cases and 21 staff members who have tested positive for COVID-19 virus, see <https://www.bop.gov/coronavirus>.

While states like Indiana have issued stay-at-home orders in

which was issued on March 24, 2020, and was rescinded on May 1, 2020, however inmates in the BOP do not have the ability to practice any hygienic and social distancing techniques that CDC recommends to prevent rapid transmission of COVID-19. Incarcerated individuals have limited or no access to products to sanitize their own environment and cannot practice social distancing or even control their exposure to large groups. Accordingly, “jails and prisons are powder kegs for infection” and “(r)ealistically the best-perhaps the only-way to mitigate the damage and reduce the death toll is to decrease the jail and prison population by releasing as many people as possible.” *United States v. Skelos*, No. 15-cr-317-KMW, 2020 U.S. Dist. LEXIS 64639, at \*4 (S.D.N.Y., Apr. 12, 2020) (quoting *United States v. Nkanga*, No. 18-cr-713, 2020 U.S. Dist. LEXIS 56188, at \* 1 (S.D.N.Y. Mar 31, 2020)).

Multiple federal courts render a determination whether “extraordinary and compelling reasons” exist to qualify for a Compassionate Release in the COVID-19 pandemic by looking to the guidelines issued by the CDC as to what medical conditions place an individual “at higher risk for severe illness or death,” see *United States v. Zukerman*, No. 16-cr 194, 2020 U.S. Dist. LEXIS 59588, 2020 WL 1659880, at \*3-4 (S.D.N.Y., Apr 3, 2020); *United States v. Lacy*, No. 3:15-cr-30038-SEM-TSH Doc. #36 (Cen. Dist. LEXIS 101391 (E.D. Mich. June 10, 2020)). Moreover, Defendant Cohen, states that the DOJ recently

issued a new policy in which the Department of Justice has taken the position that inmates who suffer from a condition identified by the Center for Disease Control and Prevention (“CDC”) as putting them a higher risk for severe illness from COVID-19 and who are not expected to recover from that condition, presents an “extraordinary and compelling reason” to be considered for compassionate release even if that condition in ordinary times would not meet the terms of the policy statement. See U.S.S.G. 1B1. 13 cmt. Note 1 (A) (ii) (1), see Gov. Resp. at Doc. #185, see *United States v. Wise*, No. 1:18-cr-00072-ELH (Dist. MD., May 18, 2020) (bold emphasis added).

Defendant Cohen asserts that in the instant case he has chronic medical conditions of being a Smoker for over 10 years prior to Cohen’s incarceration; Obesity as he is 5’9 tall and 205 lbs. BMI is 30.3; and Cohen suffers from a Lung & Liver complications. The medical records specifically state that Mr. Cohen has bullet fragments in the region of the left clavicle, and the right chest cavity with bilateral pleural effusions (water on the lungs) injury to the lateral segment of the left

**b. Extraordinary and compelling reasons exist to justify granting Cohen’s Emergency Motion for Compassionate Release**

Mr. Cohen contends that multiple Federal courts have GRANTED Compassionate Release to federal prisoners with similar underlying Chronic Medical Conditions as Clarence Cohen has, thus Defendant

Cohen has met two to three CDC Requirements in which places him at increased risk of severe illness or death if he contracted COVID-19 virus, see Exhibit D (CDC-People with Certain Medical Conditions update December 1, 2020). In rendering a determination as to what constitutes “extraordinary and compelling reasons” to justify granting a Compassionate Release, thus multiple federal courts have looked to the guidelines issued by the CDC as to what conditions place an individual “at higher risk for severe illness.” See *United States v. Zukerman*, No. 16-cr 194, 2020 U.S. LEXIS 59588, 2020 WL 1659880, at \*3-4 (S.D.N.Y., Apr. 3, 2020); *United States v. Park*, No. 16-cr-473, 2020 U.S. Dist. LEXIS 73048, 2020 WL 1970603, at \*1 (S.D.N.Y., Apr. 24, 2020); and *United States v. Lacy*, No. 15-cr-30038, 2020 U.S. Dist. LEXIS 76849, 2020 WL 209363 (C.D. Ill., May 1, 2020).

Moreover, Defendant Cohen, asserts that “similarly situated” federal inmates to Mr. Cohen have been GRANTED Compassionate Release, therefore, there can be no doubt that his underlying chronic medical conditions constitute “extraordinary and compelling reasons” to justify reducing his federal sentence to “time served” with 18 to 24 months of GPS Home Confinement in the case herein. See *United States v. Critchlow*, No. 2:15-cr-00006-JMS-CMM, 2020 U.S. Dist. LEXIS 169502, 2020 WL 5544043 (S.D. IN., Sept 16, 2020) (Granting Compassionate Release to Critchlow who has at least one underlying

health condition-obesity-that increases his risk of severe illness or death from COVID-19. He is also a former cigarette smoker, which the CDC has identified as a factor that may increase his risk of severe illness or death. REDUCED federal sentence to “time served”). The CDC Guidelines indicate that people of any age who are former cigarette smokers may be at an increased risk of severe illness from COVID-19. According to researchers at the University of California-San Francisco, a meta-analysis of studies that included 11,590 COVID-19 patients suggest that the risk of disease progression in those who currently or previously smoked cigarettes was nearly double that of non-smokers, see <https://www.ucsf.edu/news/2020/05/417411/smoking-nearly-doubles-rate-covid-19-progression#:~:text=In%20a%meta&2Danalysis%20of,double%20that%20of%20non%2Dsmokers>.

Thus, Defendant Cohen, contends that district courts within the Eastern District of Michigan have **GRANTED** Compassionate Releases to federal inmates in light of Obesity and Lung-related ailments, see United States v. White, No. 2:13-cr-20635-MFL, 2020 U.S. Dist. LEXIS 88542 (E.D. Mich., May 20, 2020) (ordering compassionate release based upon chronic medical condition of obesity); and United States v. McCarthy, No. 3:17-cr-0230-JCH, 2020 U.S. Dist. LEXIS 61759, 2020 WL 1698732, at \* 11-12 (“McCarthy... suffers

... lung-related ailments. The medical condition is well-documented and serious, and substantially increase his risk of severe illness if he contracts COVID-19.”). **GRANTING** Compassionate Releases for federal inmate with conviction of PWID Cocaine Base with prior violent crime of Asst. & Battery, see *United States v. Greene*, 2020 U.S. Dist. LEXIS 142007, 2020 WL 4581717 (E.D. Mich., Aug 10, 2020) (GRANTED Compassionate Release based upon chronic medical condition of lung complication linked to possible TB infection) and *United States v. Ireland*, 2020 U.S. Dist. LEXIS 126847, 2020 WL 4050245 (E.D. MI., July 20, 2020) (Granted Compassionate Release to a defendant who suffered latent TB, and had a BMI of 30.6). (emphasis added).

Therefore, Defendant Cohen, argues firmly that “extraordinary and compelling circumstances” exist to qualify consideration of his Compassionate Release in the case herein.

**c. Defendant Cohen does not present a danger to the community if released**

Defendant Cohen, states that he is 38-years old a single man, thus he has a Low Risk of Recidivism and has been housed at a Minimum Security Federal Prison for the last 3 ½ years at Satellite Camp Terre Haute. Defendant Cohen’s crime of conviction is Conspiracy to Possess and Distribute a Controlled Substa-

nce, thus he is serving a nonviolent crime, however, although all federal prisoners have committed serious crimes but other federal courts have released prisoners convicted of far more heinous crimes than Defendant Cohen in the midst of this pandemic, see *United States v. McCarthy*, No. 17-cr-0230, 2020 U.S. Dist. LEXIS 61759, 2020 WL 16987732, at \* 1 (D. Conn., Apr. 8, 2020) (releasing prisoner of armed bank robbery); *United States v. Delgado*, 2020 U.S. Dist. LEXIS 84469, 2020 WL 2464685, at \* 1 (releasing prisoner convicted of “conspiracy to distribute five kilograms or more of cocaine”); and *United States v. Tran*, 2020 WL 1820520, at \* 1 (releasing prisoner convicted of conspiracy to commit Hobbs Act robbery and “possession of a machine gun.”).

Significantly, Defendant Cohen, argues that he has been a Model Inmate over the past 4 to 5 years of his incarceration and maintains clear conduct for that period of time, moreover he was given a Furlough when transferred to Terre Haute Camp and was out on bail for roughly 15 months, therefore these facts and circumstances as to the nature and seriousness of any danger Defendant Cohen might pose to others or to the community is minimal. Furthermore, Defendant Cohen, asserts that any risk of danger to the community can be managed

through the term of supervision and GPS Home Confinement, see *United States v. Williams*, No. 3:04-cr-95, 2020 WL 1751545, \*3 (N.D. Fla., Apr. 1, 2020) (while the Court could not declare the defendant convicted of 2004 armed bank robbery and brandishing a firearm posed “no risk at all” to public safety, the risk of further criminal conduct can be managed through the terms of supervised release, including home confinement with electronic monitoring); *United States v. Amarrah*, No. 17-cr-20464-JEL, 2020 U.S. Dist. LEXIS 80396 (E.D. Mich., May 7, 2020) (finding that Defendant posed no danger to the community because he was a first-time offender even though he tampered with a witness and his bond was revoked, however any risk is mitigated by imposing a new term of supervision and the first 12 months GPS Home Confinement and the next 27 months of with a curfew); and *United States v. Gardner*, No. 14-cr-20735-001-TGB, 2020 U.S. Dist. LEXIS 129160 (E.D. Mich., July 22, 2020) (finding that Defendant posed no danger to the community because the Magistrate Judge found that he did not constitute a danger to the community and was released on bond and over the past six years Gardner demonstrated improvement through his post-rehabilitation efforts, thus the Court granted Compassionate Release). It should further be noted that Clarence Cohen,

argues that further protection of the public comes from his supportive Parent's; Family Members; and Friends eager to see Mr. Cohen return to lawful life at liberty and to see him avoid potentially mortal infection from COVID-19 virus, see Parker, 2020 WL 2572525, \* 12 (C.D. CA., May 21, 2020) (existence of many relatives and family members available to support defendant weighed in favor of reducing life term to time-served with supervision). Mr. Cohen has served over 50 % of his custodial federal sentence and he would not pose a danger to the community if released in the case at bar. (emphasis added).

**d. The Section 3553 (a) factors weigh in favor of Granting Cohen's Emergency Motion for Compassionate Release**

Defendant Cohen, asserts that the Supreme Court specifically noted "evidence of post-sentencing rehabilitation efforts may be highly relevant to several of the 3553 (a) factors," including deterrence, community safety, and treatment, see Pepper, 131 S. Ct. at 1242. "Post-sentencing rehabilitation efforts may also critically inform a sentencing judge's overarching duty under 3553 (a) to impose a sentence sufficient, but not greater than necessary to comply with the sentencing purposes set forth in 3553 (a) (2)," see Pepper, 131 S. Ct. at 1242-43. Therefore, Defendant Cohen, states that controlling case law

directs this Court to give substantial weight to his post-sentencing rehabilitation efforts in the consideration of the 3553 (a) factors when adjudicating the merits of his Compassionate Release, see *United States v. Cantu-Rivera*, No. H-89-cr-204-SL, 2019 U.S. Dist. LEXIS 105271, 2019 WL 2578272 (S.D. Tex., June 24, 2019) (Granting Compassionate Release in light of medical conditions and change in law in Section 401 of the First Step Act of 2018, in combination with his meritorious post-sentencing rehabilitation efforts, see page 4, f.n. 2). (emphasis added).

In the instant case, Defendant Cohen, contends that he has maintained clear conduct for the past 4 to 5 years; worked his Custody Level from a Low Facility to a Minimum Security Camp Facility; maintains strong Family Ties and has completed several ACE Classes over his 10 years of imprisonment. Defendant Cohen has potential Employment lined up working as a Construction Worker; and Defendant Cohen has a Low Risk of recidivating, thus other federal courts have found individuals like Clarence Cohen to be good candidates worthy of reduction of sentence, see *United States v. Harrell*, No. 13-cr-20198, 2020 WL 2768883, at \* 2 (E.D. Mich., May 28, 2020) (As judge Tarnow recently observed, “the persuasive precedent for granting compassionate release under the current circumstances is overwhelming”

particularly for inmates with serious risk factors such as age, diabetes, hypertension, and heart disease, and whose prison disciplinary record suggests a Low Risk of recidivism and no danger to the community.). (emphasis added).

Moreover, Defendant Cohen, asserts that his chronic medical conditions places him at heightened risk of severe illness or death if he contracts COVID-19 virus, thus his relevant personal characteristic is his vulnerability to COVID-19. While Mr. Cohen is serving for a serious crime, however it is non-violent in nature, thus, he has worked hard to better himself while incarcerated and prepare to meaningfully contribute to society upon his release. These characteristics weigh in favor of Defendant's release. See 3553 (a) (1).

Likewise, the goals of imposing sufficient punishment would still be satisfied here by imposing a portion of time on home confinement and potentially extending term of supervision, see 3553 (a) (2) (A). To date Mr. Cohen, contends that he has served over 50 % of his custodial federal sentence, thus his projected release date is October 01, 2026. That has been a meaningful punishment for his crime. Moreover, "if" the Court decided to release Defendant Cohen and impose a portion of home confinement (18 to 24 months), he will suffer additional restrictions

on his liberty through home confinement. Defendant Cohen time served and the continued restrictions on his movement, together, satisfy the goal of imposing sufficient punishment.

In addition, the goals of deterrence will not be undermined because Mr. Cohen has already served a significant portion of his sentence (roughly 10 yrs. & 2 mos. of imprisonment). See 3553 (a) (2) (B). Other federal courts have **GRANTED** Compassionate Release notwithstanding having several years remaining to serve, see *Loyd v. United States*, No. 15-cr-20394-2, 2020 U.S. Dist. LEXIS 89357 (E.D. Mich., May 21, 2020) (Loyd's projected release date was November 6, 2025, however federal judge Arthur J. Tarnow **GRANTED** Loyd's Compassionate Release and **ORDERED** him to be **IMMEDIATELY RELEASED** to serve five years of supervised release); *United States v. Delgado*, 2020 U.S. Dist. LEXIS 84469, 2020 WL 2464685 (releasing inmate with 8 + years remaining on Compassionate Release); and *United States v. Brooks*, 2020 U.S. Dist. LEXIS 85671, 2020 WL 2509107 (releasing inmate with 7 years remaining on his federal sentence). And "if" this Court releases him under these unusual circumstances his vulnerability to the COVID-19 pandemic- also will not undermine the goals of general deterrence.

Next, releasing Clarence Cohen to home confinement (for 18

to 24 mos.) will not subject the public to a serious risk. See 3553 (a) (2) (C). As described above, Defendant Cohen has improved himself and has presented no disciplinary problem or safety problem since incarcerated, thus this factor weighs in favor of granting Compassionate Release in the case herein.

Furthermore, Defendant Cohen, states that the most effective way to deliver medical care to him is outside of Satellite Camp Terre Haute where he can receive needed care and monitoring without facing an immediate threat of COVID-19. See 3553 (a) (2) (D). As federal courts across the country have concluded, defendants are “unlikely to be able to get the medical care [they] need [while imprisoned] in the midst of the pandemic.” See *United States v. Connell*, \_\_\_ F. Supp. 3d \_\_\_, 2020 U.S. Dist. LEXIS 81642, 2020 WL 2315858, at \* 6 (N.D. Cal. May, 8, 2020). Put simply, [a]dequately caring for someone with underlying health conditions like [Clarence Cohen] entails reducing that individual’s risk of exposure to COVID-19; keeping [Defendant Cohen] [incarcerated at Satellite Camp Terre Haute] is not the ‘most effective manner’ of mitigating that risk,” see *Connell*, 2020 U.S. Dist. LEXIS 81642, 2020 WL 2315858, at \* 6; *United States v. Jamil*, 2020 U.S. Dist. LEXIS 90507 (N.D. Cal., May 21, 2020); and *United States v. Foreman*, No. 1:06-cr-00030-RJJ (W.D. Mich.

July 28, 2020) (Granting Compassionate Release in part due to the need to provide effective medical care on the outside of FCI-Milan, thus Chief Judge Robert J. Jonker REDUCED Foreman's federal sentence to "time served" and modified supervised release to include a six month term of home confinement.).

Finally, "if" Defendant Cohen, is released by this Court it would not produce an unwarranted sentencing disparity because it accounts for his unique medical circumstances, see 3553 (a) (6), see United States v. White, 2020 U.S. Dist. LEXIS 88542, at \* 16 (E.D. Mich., May 20, 2020).

Defendant Cohen, argues firmly that he has articulated as to why the 18 U.S.C. 3553 (a) factors weigh in favor of **GRANTING** Defendant's Emergency Motion for Compassionate Release in the matter herein. (bold emphasis added).

### **CONCLUSION**

In conclusion, Defendant Cohen, concludes that his Emergency Motion for Compassionate Release, thus should be **GRANTED** and his 264-month federal sentence **REDUCED** to "time served" modifying his term of supervision and/ or to include a portion of home confinement as this Court deems warranted in the case at bar.

Respectfully Submitted,

Date: 12 / 14 / 20

~~x~~ *Clarence A. Cohen*

Mr. Clarence Cohen

#43732-039

Satellite Camp Terre

Haute

P.O. Box 33

Terre Haute, IN. 47808

**Certificate of Service**

I, Clarence Cohen, certify that on December, 14<sup>th</sup>, 2020, I mailed by 2-day Priority Mail the original copy of Pro Se Emergency Motion for Compassionate Release to this Honorable Court and one copy to the opposing party listed below herein:

AUSA John N. O'Brien, II  
U.S. Attorney's Office  
211 W. Fort Street  
Ste. 2001  
Detroit, MI. 48226

Date: 12 / 14 / 20

/s/ Clarence H. Cohen

Mr. Clarence Cohen  
Pro Se Defendant

# **EXHIBIT A**

(A copy of Initial Request for Compassionate Release to Satellite Camp  
Warden dated 10/30/2020).

**Federal Criminal Attorneys of Michigan  
Stefanie Lambert, Esq.  
500 Griswold Street, Ste. 2340  
Detroit, MI 48226**

October 30, 2020

Warden  
FCI TERRE HAUTE  
4200 Bureau Road North  
Terre Haute, IN 47808

RE: CLARENCE COHEN, Registration Number 43732-039  
Compassionate Release/Reduction in Sentence: 18 U.S.C. §  
3582(c)(1)(A) and 4205(g)  
**COVID-19 PANDEMIC**

Dear Warden,

I am currently assisting CLARENCE COHEN with a petition and request for Compassionate Release/Reduction in Sentence pursuant to 18 U.S.C. § 3582(c)(1)(A) and 4205(g). Please let this letter serve as an additional request on his behalf for his Petition for Compassionate Release/Reduction in Sentence.

Mr. Clarence Cohen was admitted to your facility following sentencing, and is has understandable concerns about contracting COVID-19. Mr. Clarence Cohen is prepared to begin supervised release, wear a tether, serve his sentence confined to his home.

On October 21, 2010, Mr. Clarence Cohen pled guilty to Conspiracy to Possess with Intent to Distribute and to Distribute Cocaine in violation of 21 U.S.C. §§841, 846.

Mr. Clarence Cohen was sentenced to a total term of 264 months, and has a release date of October 21, 2026.

Mr. Clarence Cohen has numerous medical conditions as a result of a bullet penetrating his lung. His medical records reflect both lung and liver complications.

The medical records specifically state Mr. Cohen has bullet fragments in the region of the left clavicle, and the right chest cavity with bilateral pleural effusions (water on the lungs) injury to the lateral segment of the left lobe of the liver with hemoperitoneum, respiratory complications. (See Exhibit1). These injuries and medical conditions make Mr. Cohen more susceptible to a severe form or deadly complications should he contract COVID-19.

In addition to increased susceptibility to a severe form of COVID-19 due to his underlying medical injuries and conditions, Mr. Cohen is at an increased risk of severe or deadly complications if he should contract COVID-19. Doctors are warning the public that young people in their 30's and 40's are testing positive for COVID-19, and dying of strokes. The medical community is perplexed by this data since most of these young people showed no signs or symptoms of COVID-19 prior to stroke. *Young and middle-aged people, barely sick with covid-19, are dying of strokes*, The Washington Post, (April 25, 2020), <https://www.washingtonpost.com/health/2020/04/24/strokes-coronavirus-young-patients/>.

Mr. Clarence Cohen has a plan for housing and employment should he be released.

If you need any additional information or would like to discuss this further, do not hesitate to contact me directly. Thank you for your consideration and attention to this matter.

Very truly yours,

/s/ Stefanie L. Lambert

Stefanie Lambert, Esq.  
Federal Criminal Attorneys of Michigan

# **EXHIBIT B**

(A copy of VOA News Article entitled: Half of US COVID Deaths Are People of Color updated August 22, 2020).

## COVID-19 Pandemic

# Half of US COVID Deaths Are People of Color

By VOA News

Updated August 22, 2020 08:55 AM



The Associated Press reported Friday that half the COVID-19 deaths in the United States were people of color – Blacks, Hispanics, Native Americans and Asian Americans.

An analysis by The Associated Press and The Marshall Project, a nonprofit news organization covering the criminal justice system, found that while people of color make up just under 40% of the U.S. population, they accounted for approximately 52% of all the “excess deaths” above normal through July. The report defined excess deaths as the number of people above the typical fatality number who died in the United States during the first seven months of 2020, based on figures from the Centers for Disease Control and Prevention.

The U.S. has more coronavirus cases and deaths than any other country, with 5.6 million infections and more than 175,000 deaths, according to Johns Hopkins University. Brazil has 3.5 million cases and India is approaching the 3 million mark.

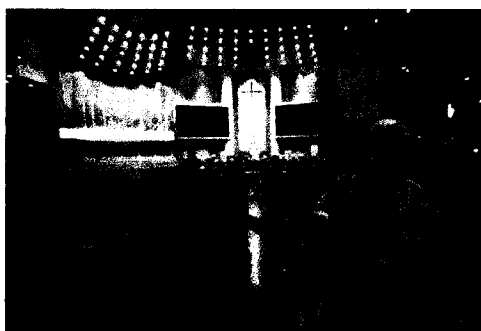
There are nearly 23 million global COVID-19 cases and almost 800,000 deaths, Johns Hopkins reported Saturday.

The World Health Organization's emergencies chief Mike Ryan said Friday the scale of the pandemic in Mexico is "under-recognized" and that testing there is limited.

He told a Geneva briefing that Mexico was testing about 3 people per 100,000, compared with about 150 tests per 100,000 people in the United States.

Mexico had nearly 550,000 cases of the virus early Saturday and more than 59,000 deaths, according to Johns Hopkins.

South Korea is imposing a nationwide ban on large gatherings, closing churches, nightclubs and beaches. In addition, fans will not be allowed at professional sports events.



Health Minister Park Neung-hoo said Saturday the new nationwide restrictions, which begin Sunday, follow nine days of triple digit increases in coronavirus cases. The Korea Centers for Disease Control and Prevention recorded 332 new cases Saturday. The country has more than 17,000 coronavirus infections and more than 300 deaths.

Several European countries have been reporting new surges of COVID-19 cases.

"There should be no confusion: things are not going well," Fernando Simón, Spain's health emergency chief, said this week. "If we continue to allow transmission to rise, even if most cases are mild, we will end up with many in hospital, many in intensive care and many deaths." The number of COVID-19 cases admitted to hospitals last week in Spain was double the admission numbers from the previous week.

Berlin experienced a COVID-19 outbreak after its schools opened. Hundreds of students and school personnel are now in quarantine.

French schoolchildren are set to return to school even after the country recorded 4,700 new cases Thursday and more than 4,500 Friday.

In Germany, officials warned Friday against travel to the Belgian capital of Brussels because of its high rate of coronavirus infections.

Britain said Friday it plans to start regular, population-wide testing for COVID-19 by the end of the year to help suppress the spread of the virus. The country has the highest death toll in Europe, with more than 41,000 fatalities.

The head of the World Health Organization says he hopes the coronavirus pandemic will end in under two years – less time than it took to stop the 1918 Spanish flu.

Speaking Friday at his regular briefing in Geneva, WHO chief Tedros Adhanom Ghebreyesus said the key to stopping the virus is for countries around the world to “pool our efforts.”

**In Brief:**

- Global coronavirus cases near 23 million, deaths are at almost 800,000
- WHO chief hopes pandemic to end in under two years, less than the 1918 Spanish flu
- U.S. leads in cases and deaths, with 5.6 million infections, more than 175,000 deaths
- India nears 3 million cases
- Mexico had almost 550,000 cases early Saturday, more than 59,000 deaths
- WHO official says scale of pandemic in Mexico “under-recognized” and testing limited
- Several European countries reporting new case surges

- Britain, with Europe's highest death toll, plans population-wide testing by year end
- South Korea imposing ban on large gatherings, closing churches, nightclubs, beaches

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### COVID-19 Pandemic

## Kenya Police Fire Tear Gas at COVID-19 Corruption Protesters

Demonstrators accuse government officials of misusing equipment and supplies meant to fight coronavirus



By **Mohammed Yusuf**

Fri, 08/21/2020 - 02:58 PM

### COVID-19 Pandemic

## WHO Chief Says COVID-19 Straining World's Health Care Systems

Tedros Adhanom Ghebreyesus says national safe practices can take pressure off facilities as cases near 22.5 million globally



By **VOA News**

Fri, 08/21/2020 - 02:59 PM

### Middle East

## Ghanaian Migrants Stranded by Libya Conflict, COVID Return Home

Due to the severity of the conflict and coronavirus pandemic, migrants lost their jobs and income and asked the IOM for help in returning home



By **Lisa Schlein**

Fri, 08/21/2020 - 02:55 PM

**Student Union**

## **US Universities Roll Out COVID Spit Tests**

The saliva tests, developed by Yale, NBA and Illinois, produce results in less than 24 hours



By **VOA Student Union**

Fri, 08/21/2020 - 12:23 PM



By

**VOA News**



# **EXHIBIT C**

(A copy of Article written by Michael Balsamo Associated Press on 09-16-2020).

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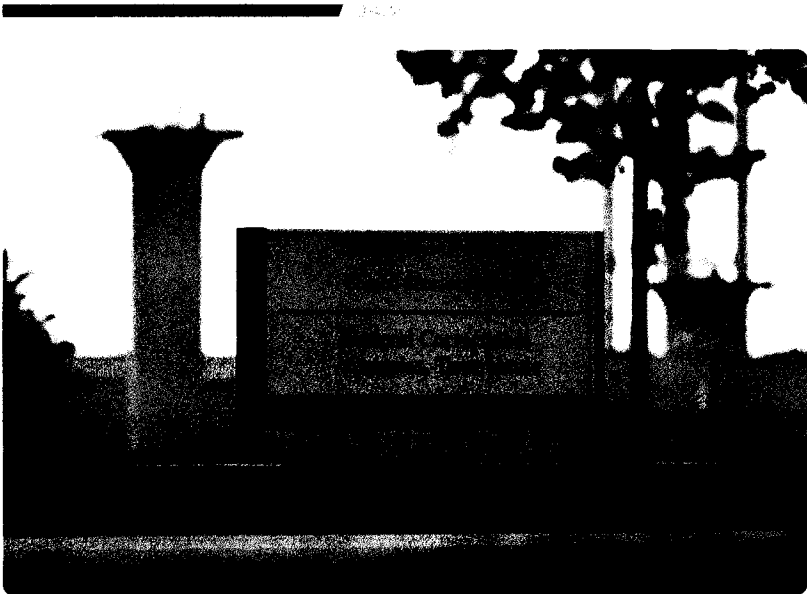
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AP Associated Press

# 2 dead of virus at US prison where executions are scheduled

MICHAEL BALSAMO  
15 September 2020 · 2-min read



FILE - In this Aug. 28, 2020, file photo, the federal prison complex in Terre Haute, Ind. Two inmates have died in as many days from coronavirus at the federal prison complex where the U.S. government plans to carry out two federal executions next week. (AP Photo/Michael Conroy, File)

WASHINGTON (AP) — Two inmates have died in as many days from coronavirus at the federal prison complex where the U.S. government plans to carry out two executions next week.

The virus deaths are likely to raise alarm with advocates and lawyers for the condemned men over the spread of coronavirus at the Federal Correctional Complex in Terre Haute, Indiana. As of Tuesday, more than 40 inmates had



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**Emmett LeCroy** are scheduled to be carried out at the prison complex next week. The government carried out three executions in July and two executions in August.

The Bureau of Prisons said a 53-year-old inmate, Tim Hocutt, died Monday at the Terre Haute facility.

Hocutt, who was serving a 13-year sentence for conspiracy to distribute methamphetamine, had reported that he was suffering from a "mild cough, congestion and nausea" and had previously tested negative for COVID-19, the Bureau of Prisons said. But Hocutt tested positive on Monday after he alerted medical staff to his condition and was pronounced dead the same day at the complex's medium-security prison.

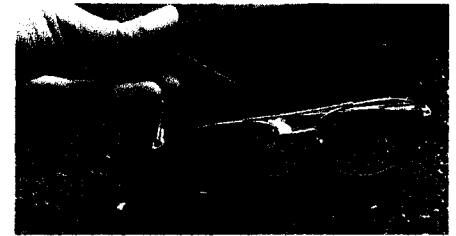
His death came a day after the death of another inmate, Byron Dale Bird, who was serving a sentence at the high-security penitentiary on the prison grounds.

The 65-year-old Bird was taken to a local hospital on Aug. 27 after testing positive for the virus and was admitted to an intensive care unit. He died at the hospital on Sunday. Bird was serving a 74-year prison sentence after being convicted of sexual abuse of a minor, witness tampering, failing to register as a sex offender and other charges.

Witnesses to the federal executions are required to undergo security screening at the high-security penitentiary, where Bird was housed. The witnesses are required to wear masks, and their temperatures are taken before they are permitted on the prison grounds.

The spiritual advisers for two of the men who were executed in July and the family of one of the men's victims had fought unsuccessfully to delay their executions over coronavirus concerns.

The federal prison system has struggled to combat the coronavirus pandemic behind bars, where social distancing is nearly impossible. As of Tuesday, 13,477 inmates had tested positive for COVID-19 at facilities across the U.S.; 11,623 had



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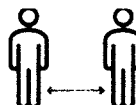
# **EXHIBIT D**

(CDC-People with Certain Medical Conditions update December 1,  
2020).

## COVID-19 (Coronavirus Disease)

[MENU >](#)


WEAR A MASK

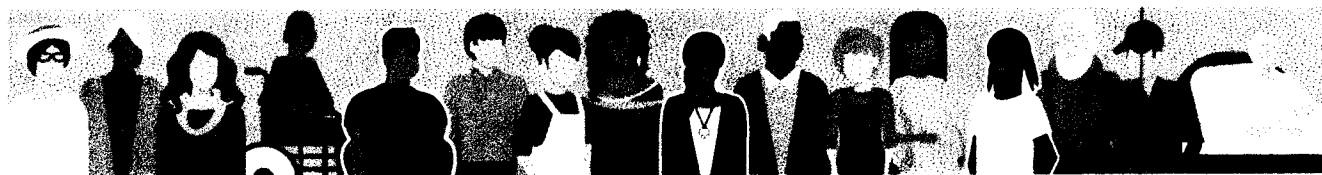


STAY 6 FEET APART



AVOID CROWDS

## People with Certain Medical Conditions

Updated Dec. 1, 2020    [Print](#)

### Summary of Recent Changes

Revisions were made on November 2, 2020 to reflect recent data supporting increased risk of severe illness during pregnancy from the virus that causes COVID-19. Revisions also include addition of sickle cell disease and chronic kidney disease to the conditions that might increase the risk of severe illness among children.

We are learning more about COVID-19 every day. **The below list of underlying medical conditions is not exhaustive and only includes conditions with sufficient evidence to draw conclusions;** it is a living document that may be updated at any time, subject to potentially rapid change as the science evolves. This list is meant to inform clinicians to help them provide the best care possible for patients, and to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention. Notably, the list may not include every condition that might increase one's risk for developing severe illness from COVID-19, such as those for which evidence may be limited or nonexistent (e.g., rare conditions). Individuals with any underlying condition (including those conditions that are NOT on the current list) should consult with their healthcare providers about personal risk factors and circumstances to determine whether extra precautions are warranted.

Adults of any age with **certain underlying medical conditions** are at increased risk for severe illness from the virus that causes COVID-19. Severe illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but < 40 kg/m<sup>2</sup>)
- Severe Obesity (BMI ≥ 40 kg/m<sup>2</sup>)
- Pregnancy
- Sickle cell disease
- Smoking

- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of many underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI  $\geq 25$  kg/m<sup>2</sup>, but  $< 30$  kg/m<sup>2</sup>)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Want to see the evidence behind these lists?

While children have been less affected by COVID-19 compared to adults, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions. Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Children with the following conditions might be at increased risk for severe illness: obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital (since birth) heart disease, diabetes, chronic kidney disease, asthma and other chronic lung disease, and immunosuppression due to malignancy or immune-weakening medications.

We do not yet know who is at increased risk for developing the rare but serious complication associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C), nor do we know what causes MIS-C. Learn about MIS-C.

## Reduce your risk of getting COVID-19

It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.

The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to:

- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.

If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.

## What to consider before being around other people

There is no way to ensure you have zero risk of infection, so it is important to understand the risks and know how to be as safe as possible if or when you do resume some activities, run errands, or attend events and gatherings.

People at increased risk of severe illness from COVID-19, and those who live with them, should consider their level of risk before deciding to go out and ensure they are taking steps to protect themselves. Consider avoiding activities where taking protective measures may be difficult, such as activities where social distancing can't be maintained. **Everyone should take**

**steps to prevent getting and spreading COVID-19 to protect themselves, their communities, and people who are at increased risk of severe illness.**

**In general, the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.**

- If you decide to engage in public activities, continue to protect yourself by practicing everyday preventive actions.
- Keep these items on hand and use them when venturing out: a mask, tissues, and a hand sanitizer with at least 60% alcohol, if possible.
- If possible, avoid others who are not wearing masks or ask others around you to wear masks.

## **Are you considering in-person visits with family and friends? Here are some things to consider to help make personal and social activities as safe as possible:**

### **When to delay or cancel a visit**

- Delay or cancel a visit if you or your visitors have symptoms of COVID-19 or have been exposed to someone with COVID-19 in the last 14 days.
- Anyone who has had close contact with a person with COVID-19 should stay home and monitor for symptoms.

**In general, the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher the risk of COVID-19 spread. So, think about:**

- How many people will you interact with?
- Can you keep 6 feet of space between you and others?
- Will you be outdoors or indoors?
- What's the length of time that you will be interacting with people?

### **Encourage social distancing**

- Visit with your friends and family **outdoors, when possible**. If this is not feasible, make sure the room or space is well-ventilated (for example, open windows or doors) and large enough to accommodate social distancing.
- Arrange tables and chairs to allow for social distancing. People from the same household can be in groups together and don't need to be 6 feet apart from each other.
- Consider activities where social distancing can be maintained, like sidewalk chalk art or yard games.
- Try to avoid close contact with your visitors. For example, don't shake hands, elbow bump, or hug. Instead wave and verbally greet them.
- If possible, avoid others who are not wearing masks or ask others around you to wear masks.
- Consider keeping a list of people you visited or who visited you and when the visit occurred. This will help with contact tracing if someone becomes sick.

### **Wear masks**

**Masks prevent people from getting and spreading the virus, especially those who may not know they have it.**

- Masks should be worn over the nose and mouth. Masks are especially important to help protect each other when it is difficult to stay at least 6 feet apart from others or when people are indoors.
- Masks prevent people from getting and spreading the virus.
- CDC recognizes that wearing masks may not be possible in every situation or for some people. Some older adults with cognitive, sensory, or behavioral issues might find wearing a mask difficult. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of spreading COVID-19 if it is not possible to wear one. These adults need to take extra precautions when interacting with others. Additionally,

some older adults may rely on reading lips or facial expressions during social interactions. This can be difficult when others are wearing masks that cover large portions of their face.

- **Who should NOT use masks:** Children under age 2 or anyone who has trouble breathing, is unconscious, or is incapacitated or otherwise unable to remove the mask without assistance.

#### **Wash hands often**

- Everyone should wash their hands with soap and water for at least 20 seconds at the beginning and end of the visit and whenever you think your hands may have become contaminated.
- If soap and water are not readily available, such as with outdoor visits or activities, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Remind guests to wash or sanitize their hands before serving or eating food.
- Use single-use hand towels or paper towels for drying hands so visitors do not share towels. Have a no-touch trash can available for guests to use.

#### **Limit contact with commonly touched surfaces or shared items**

- Encourage your visitors to bring their own food and drinks.
- Clean and disinfect commonly touched surfaces and any shared items between use.
- If you choose to use any shared items that are reusable (e.g., seating covers, tablecloths, linen napkins), wash, clean, and sanitize them after the event.

### **If you are thinking about participating in an event or gathering:**

If you are at increased risk for severe illness, consider avoiding high-risk gatherings. The risk of COVID-19 spreading at events and gatherings increases as follows:

**Lowest risk:** Virtual-only activities, events, and gatherings.

**More risk:** Smaller outdoor and in-person gatherings in which individuals from different households remain spaced at least 6 feet apart, wear masks, do not share objects, and come from the same local area (e.g., community, town, city, or county).

**Higher risk:** Medium-sized in-person gatherings that are adapted to allow individuals to remain spaced at least 6 feet apart and with attendees coming from outside the local area.

**Highest risk:** Large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart and attendees travel from outside the local area.


### **Stay healthy during the COVID-19 pandemic**

Staying healthy during the pandemic is important. Talk to your healthcare provider about whether your vaccinations and other preventive services are up to date to help prevent you from becoming ill with other diseases.

- It is particularly important for those at increased risk of severe illness, including older adults, to receive recommended vaccinations against influenza and pneumococcal disease.
- Talk with your healthcare provider about maintaining preventive services like cancer screenings during the pandemic.
- Remember the importance of staying physically active and practicing healthy habits to cope with stress.
- If you have a medical emergency, do not delay seeking emergency care.

### **If you have an underlying medical condition, you should continue to follow your treatment plan:**

- **Continue your medicines** and do not change your treatment plan without talking to your healthcare provider.

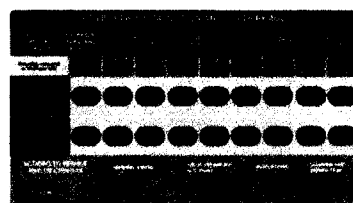
- **Have at least a 30-day supply** of prescription and non-prescription medicines. Talk to a healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- **Do not delay getting emergency care for your underlying medical condition** because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care.
- **Call your healthcare provider if you have any concerns** about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911 right away.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.



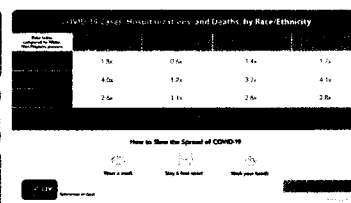
## Protect Your Health This Flu Season

Getting a flu vaccine during 2020-2021 is more important than ever because of the ongoing COVID-19 pandemic. Flu vaccination is especially important for people who are at high risk from flu; many of whom are also at high risk for COVID-19 or serious outcomes.

People at High Risk For Flu Complications



COVID-19 Hospitalization and Death by Age




COVID-19 Hospitalization and Death by Race/Ethnicity

## Actions you can take based on your medical conditions and other risk factors

### Asthma (moderate-to-severe)

Having moderate-to-severe asthma might increase your risk for severe illness from COVID-19.

#### Actions to take


- Keep your asthma under control by following your Asthma Action Plan.
- Continue your current medicines, including any inhalers with steroids in them ("steroids" is another word for corticosteroids). Know how to use your inhaler. Avoid your asthma triggers.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick. **If you don't have a healthcare provider**, contact your nearest community health center  or health department.
- Have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
  - Make sure that people with asthma are not in the room.
  - Avoid using disinfectants known to trigger asthma attacks.
  - Open windows or doors and use a fan that blows air outdoors.
  - Always follow the instructions on the product label.
  - Spray or pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows).

Learn more about asthma.

## Cancer

Having cancer currently increases your risk of severe illness from COVID-19. At this time, it is not known whether having a history of cancer increases your risk.

### Actions to take:



- Have a conversation with your healthcare provider or care team to discuss your individual level of risk based on your condition, your treatment, and the level of transmission in your community.
- Do not stop taking your medicines or alter your treatment plan without talking to your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider or care team if you have concerns about your condition, your treatment, think you may have been exposed to COVID-19, or any other questions.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.
- For more information on preventing infections for people with cancer.

Learn more about cancer.

## Chronic kidney disease

Having chronic kidney disease of any stage increases your risk for severe illness from COVID-19.

### Actions to take

- Continue your medicines and your diet as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Stay in contact with your healthcare team as often as possible, especially if you have any new signs or symptoms of illness. Also reach out to them if you can't get the medicines or foods you need.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.
- Have shelf-stable food choices to help you follow your kidney diet.
- If you are on dialysis:
  - Contact your dialysis clinic and your healthcare provider if you feel sick or have concerns.
  - Do NOT miss your treatments.
  - Plan to have enough food on hand to follow the KCER 3-Day Emergency Diet Plan  for dialysis patients in case you are unable to maintain your normal treatment schedule.

Learn more about kidney disease.

Learn how to take care of your kidneys.

## COPD, cystic fibrosis, pulmonary fibrosis, and other chronic lung diseases

Having COPD (including emphysema and chronic bronchitis) is known to increase your risk of severe illness from COVID-19. Other chronic lung diseases, such as idiopathic pulmonary fibrosis and cystic fibrosis, might increase your risk of severe illness from COVID-19.

### Actions to take

- Keep taking your current medicines, including those with steroids in them ("steroids" is another word for corticosteroids).
- Make sure that you have at least a 30-day supply of your medicines.
- Avoid triggers that make your symptoms worse.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center ☐ or health department.

Learn more about COPD.

## Diabetes

Having type 2 diabetes increases your risk of severe illness from COVID-19. Based on what we know at this time, having type 1 or gestational diabetes might increase your risk of severe illness from COVID-19.

### Actions to take

- Continue taking your diabetes pills and insulin as usual.
- Test your blood sugar and keep track of the results, as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your diabetes medicines, including insulin.
- Follow your healthcare provider's instructions if you are feeling ill as well as the sick day tips for people with diabetes.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center ☐ or health department.

Learn more about diabetes.

## Heart Conditions and Other Cardiovascular and Cerebrovascular Diseases

Having any of the following heart conditions increases your risk of severe illness from COVID-19:

- Heart failure
- Coronary artery disease
- Cardiomyopathies
- Pulmonary hypertension

Having other cardiovascular or cerebrovascular disease, such as hypertension (high blood pressure) or stroke, might increase your risk of severe illness from COVID-19.

### Actions to take

- Take your medicines exactly as prescribed and follow your healthcare provider's recommendations for diet and exercise while maintaining social distancing precautions.
- Continue angiotensin converting enzyme inhibitors (ACE-I) or angiotensin-II receptor blockers (ARB) as prescribed by your healthcare provider for indications such as heart failure or high blood pressure.
- Make sure that you have at least a 30-day supply of your heart disease medicines, including high cholesterol and high blood pressure medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center ☐ or health department.
- Do not delay life-saving treatment or emergency care.

Learn more about serious heart conditions.

Learn more about heart disease.


Learn more about stroke.

Learn more about high blood pressure.

## Hemoglobin disorders such as sickle cell disease and thalassemia

Having sickle cell disease (SCD) increases your risk for severe illness from COVID-19. Having other hemoglobin disorders, like thalassemia, might increase your risk for severe illness from COVID-19.

### Actions to take


- Ask your healthcare provider about telemedicine or remote healthcare visits, and know when to go to the emergency department.
- Work with your healthcare provider to manage medicines and therapies for your disorder (including hydroxyurea, chelation therapy, blood transfusions, and prescriptions for pain management) and any other health condition you may have (such as diabetes, high blood pressure, and arthritis).
- If you don't have a healthcare provider, contact your nearest community health center  or health department.
- Try to prevent vaso-occlusive episodes or pain crises by avoiding possible triggers.
- Review CDC's healthy living with SCD guide or our healthy living with thalassemia guide for tips to help you stay healthy.
- Find SCD resources and thalassemia resources to help navigate care and increase knowledge and awareness of SCD and thalassemia.
- Let friends and family know about the need for healthy blood donors.

Learn more about blood disorders.

## Immunocompromised state (weakened immune system) from blood, bone marrow, or organ transplant; HIV; use of corticosteroids; or use of other immune weakening medicines

Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. These include: having a solid organ transplant, blood, or bone marrow transplant; immune deficiencies; HIV with a low CD4 cell count or not on HIV treatment; prolonged use of corticosteroids; or use of other immune weakening medicines. Having a weakened immune system might increase your risk of severe illness from COVID-19.

### Actions to take

- Continue any recommended medicines or treatments and follow the advice of your healthcare provider.
- Do not stop taking your medicines without talking to your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- If you don't have a healthcare provider, contact your nearest community health center  or health department.


Information for people living with HIV.

## Liver disease

Having chronic liver disease, such as alcohol-related liver disease, nonalcoholic fatty liver disease, and especially cirrhosis

(scarring of the liver), might increase your risk for severe illness from COVID-19.

#### Actions to take


- Take your medicines exactly as prescribed.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.

Learn more about chronic liver disease.

## Neurologic conditions such as dementia

Having neurologic conditions such as dementia might increase your risk of severe illness from COVID-19.

#### Actions to take

- Take your medicines as prescribed.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.

Learn more about dementia.


Learn about caring for people living with dementia during COVID-19.

Learn about amyotrophic lateral sclerosis (ALS).

## Overweight, Obesity and Severe Obesity

Having obesity, defined as a body mass index (BMI) between 30 kg/m<sup>2</sup> and <40 kg/m<sup>2</sup> or severe obesity (BMI of 40 kg/m<sup>2</sup> or above), increases your risk of severe illness from COVID-19. Having overweight, defined as a BMI > 25 kg/m<sup>2</sup> but less than 30 kg/m<sup>2</sup> might increase your risk of severe illness from COVID-19.

#### Actions to take

- Take your prescription medicines for overweight, obesity or severe obesity exactly as prescribed.
- Follow your healthcare provider's recommendations for nutrition and physical activity, while maintaining social distancing precautions.
- Call your healthcare provider if you have concerns or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.

Learn more about obesity in adults.

Learn about obesity in children.


Tips to help children maintain a healthy weight.

Learn more about prescription medications to treat obesity.

## Pregnancy

Based on what we know at this time, **pregnant people are at increased risk for severe illness from COVID-19** compared to non-pregnant people. Additionally, there might be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

### Actions to take



- Do not skip your prenatal care appointments.
- Make sure that you have at least a 30-day supply of your medicines.
- Talk to your healthcare provider about how to stay healthy and take care of yourself during the COVID-19 pandemic.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.
- Call your healthcare provider if you have any questions related to your health.
- Seek care immediately if you have a medical emergency.
- You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions. Learn about stress and coping.

Learn more about pregnancy and COVID-19.

## Smoking

Being a current or former cigarette smoker increases your risk of severe illness from COVID-19.

### Actions to take

- If you currently smoke, quit. If you used to smoke, don't start again. If you've never smoked, don't start.
- Counseling from a healthcare provider and Food and Drug Administration (FDA)-approved medications can double the chances of quitting smoking.
- For help quitting smoking, call 1-800-QUIT-NOW or visit [smokefree.gov](https://smokefree.gov) .
- Call your healthcare provider if you have concerns or feel sick.
- **If you don't have a healthcare provider**, contact your nearest community health center  or health department.

Learn about smoking and tobacco use.

Learn about the health effects of cigarette smoking.

## Children with Certain Underlying Conditions

As noted above, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions.

### Actions to take

- Give medicines as prescribed for your child's underlying conditions.
- Make sure that you have at least a 30-day supply of your child's medicines.
- Call your child's healthcare provider if you have concerns and to discuss your child's specific conditions and risk for severe illness from COVID-19.
- Well-child visits and vaccines are still important during the COVID-19 pandemic. Stay in contact with your child's healthcare provider and make sure your child is up to date with vaccines to prevent other diseases. Learn more about how to protect yourself and your family during the COVID-19 pandemic.

- If you don't have a healthcare provider, contact your nearest community health center ☐ or health department.

Learn about preventing illness in your children.

Learn more about congenital heart disease and specific genetic and neurologic disorders in children.

## People with Multiple Underlying Conditions

The more underlying medical conditions someone has, the greater their risk is for severe illness from COVID-19.

### Actions to take

- Continue your medicines and treatment plans as directed by your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have any concerns or feel sick.
- If you don't have a healthcare provider, contact your nearest community health center ☐ or health department.
- Do not delay emergency care.

Last Updated Dec. 1, 2020

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